Gary W. Ashley Kosan Biosciences, Inc. 3832 Bay Center Place Hayward, CA 94545 05/11/2006 CCHAUZ 00000038 502544 01 FC:1501 1400.00 DA 02 FC:8001 9.00 DA	ogether with applicable		Mail Stop ISSUE Commissioner for P.O. Box 1450 Alexandria, Virgi X (571)-273-2885  LICATION FEE (if requirements of maintenance fees we correspondence address;  Note: A certificate of Fee(s) Transmittal. The papers. Each additional have its own certificate.  Cert I hereby certify that the States Postal Service addressed to the Mail	inia 22313-1450  ired). Blocks 1 through 5 still be mailed to the current and/or (b) indicating a separation of the current section of the sectificate cannot be used for the sectificate cannot be used of paper, such as an assignment of mailing or transmission. It the section of the section	unission g deposited with the United st class mail in an envelope above, or being facsimile	
03 FC: 1 004 APPLICATION NO. DA FILING I	DATE	FIRST NAMED IN	VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/683,952 10/09/2003 Michael J. Sherrill 010072.02 2775 TITLE OF INVENTION: THERAPEUTIC FORMULATIONS						
APPLN. TYPE SMALL E	NTITY ISSUE	FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO	NO \$1400		\$300	\$1700	07/14/2006	
EXAMINER ART U		NIT	CLASS-SUBCLASS			
HENRY, MICHAEL C	3	514-058000				
1. Change of correspondence address or ind CFR 1.363).  Change of correspondence address (c Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee AdPTO/SB/47; Rev 03-02 or more recent) Number is required.  3. ASSIGNEE NAME AND RESIDENCE	alternatively, of a single firm (having as a mey or agent) and the nam ment attorneys or agents. If e will be printed. int or type)	Tup to 3 registered patent attorneys ematrively, a single firm (having as a member a py or agent) and the names of up to nt attorneys or agents. If no name is vill be printed.  Tor type)				
PLEASE NOTE: Unless an assignee is recordation as set forth in 37 CFR 3.11.	identified below no assigne	e data will annear	on the natent. If an assign	ee is identified below, the	locument has been filed for	
(A) NAME OF ASSIGNEE (B) RESID			ENCE: (CITY and STATE OR COUNTRY)			
Kosan Biosciences Incorpor	Hayward,	Hayward, CA				
Please check the appropriate assignee categories	ory or categories (will not be	printed on the paten	t): 🔲 Individual 🛂 C	orporation or other private gr	oup entity Government	
4a. The following fee(s) are enclosed:		4b. Payment of Fee		ologad		
		_	A check in the amount of the fee(s) is enclosed.  Payment by credit card, Form PTO-2038 is attached.			
Advance Order - # of Copies3	Juli permany	The Director Deposit Acco	is hereby authorized by charant Number 50-2544	rge the required fee(s), or cre (enclose an ext	edit any overpayment, to ra copy of this form).	
<ol> <li>Change in Entity Status (from status in a. Applicant claims SMALL ENTITY</li> </ol>	Y status. Sec 37 CFR 1.27.			LL ENTITY status. See 37 C		
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